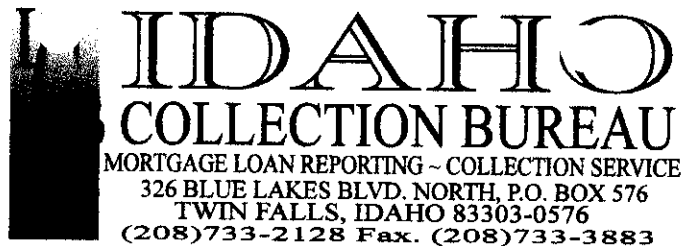


United States Bankruptcy Court District of <u>IDAHO</u>		PROOF OF CLAIM	U.S. COURTS 99 OCT 23 PM 1:07 CLERK FBI/DOJ
In re (Name of Debtor) CLINTON PATRICK HINTON 519-96-2753 HOLLY KAY HINTON 518-98-2424		Case Number 99-041638	THIS SPACE IS FOR COURT USE ONLY
NOTE: This form should not be used to make a claim for an administrative expense arising after the commencement of the case. A "request" for payment of an administrative expense may be filed pursuant to 11 U.S.C. § 503.			
Name of Creditor <i>(The person or other entity to whom the debtor owes money or property)</i> CREDIT BUREAU OF TWIN FALLS, INC. dba IDAHO COLLECTION BUREAU Name and Address Where Notices Should be Sent CREDIT BUREAU OF TWIN FALLS, INC. dba IDAHO COLLECTION BUREAU P.O. BOX 576 TWIN FALLS, ID 83303 Telephone No. (208) 733-2128		<input type="checkbox"/> Check box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars. <input type="checkbox"/> Check box if you have never received any notices from the bankruptcy court in this case. <input type="checkbox"/> Check box if the address differs from the address on the envelope sent to you by the court.	
ACCOUNT OR OTHER NUMBER BY WHICH CREDITOR IDENTIFIES DEBTOR: 55484		Check here if this claim <input type="checkbox"/> replaces <input type="checkbox"/> amends a previously filed claim, dated: _____	
1. BASIS FOR CLAIM <div style="display: flex; justify-content: space-between;"><div style="width: 48%;"><input type="checkbox"/> Goods sold <input checked="" type="checkbox"/> Services performed <input type="checkbox"/> Money loaned <input type="checkbox"/> Personal injury/wrongful death <input type="checkbox"/> Taxes <input type="checkbox"/> Other (Describe briefly)</div><div style="width: 48%;"><input type="checkbox"/> Retiree benefits as defined in 11 U.S.C. § 1114(a) <input type="checkbox"/> Wages, salaries, and compensation (Fill out below) Your social security number _____ Unpaid compensation for services performed from _____ (date) to _____ (date)</div></div>			
2. DATE DEBT WAS INCURRED SEE ATTACHED		3. IF COURT JUDGMENT, DATE OBTAINED:	
4. CLASSIFICATION OF CLAIM. Under the Bankruptcy Code all claims are classified as one or more of the following: (1) Unsecured nonpriority, (2) Unsecured Priority, (3) Secured. It is possible for part of a claim to be in one category and part in another. CHECK THE APPROPRIATE BOX OR BOXES that best describe your claim and STATE THE AMOUNT OF THE CLAIM AT TIME CASE FILED. <div style="display: flex; justify-content: space-between;"><div style="width: 48%;"><input type="checkbox"/> SECURED CLAIM \$ _____ Attach evidence of perfection of security interest Brief Description of Collateral: <input type="checkbox"/> Real Estate <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Other (Describe briefly) Amount of arrearage and other charges at time case filed included in secured claim above, if any \$ _____ <input checked="" type="checkbox"/> UNSECURED NONPRIORITY CLAIM \$ 501.15 A claim is unsecured if there is no collateral or lien on property of the debtor securing the claim or to the extent that the value of such property is less than the amount of the claim.</div><div style="width: 48%;"><input type="checkbox"/> UNSECURED PRIORITY CLAIM \$ _____ Specify the priority of the claim. <input type="checkbox"/> Wages, salaries, or commissions (up to \$2000), earned not more than 90 days before filing of the bankruptcy petition or cessation of the debtor's business, whichever is earlier—11 U.S.C. § 507(a)(3) <input type="checkbox"/> Contributions to an employee benefit plan—11 U.S.C. § 507(a)(4) <input type="checkbox"/> Up to \$900 of deposits toward purchase, lease, or rental of property or services for personal, family, or household use—11 U.S.C. § 507(a)(6) <input type="checkbox"/> Taxes or penalties of governmental units—11 U.S.C. § 507(a)(7) <input type="checkbox"/> Other—Specify applicable paragraph of 11 U.S.C. § 507(a) _____</div></div>			
5. TOTAL AMOUNT OF CLAIM AT TIME CASE FILED: \$ <u>501.15</u> (Unsecured) \$ _____ (Secured) \$ _____ (Priority) \$ <u>501.15</u> (Total) <input type="checkbox"/> Check this box if claim includes charges in addition to the principal amount of the claim. Attach itemized statement of all additional charges.			
6. CREDITS AND SETOFFS: The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim. In filing this claim, claimant has deducted all amounts that claimant owes to debtor.		THIS SPACE IS FOR COURT USE ONLY <div style="font-size: 4em; margin-top: 20px;">5</div>	
7. SUPPORTING DOCUMENTS: Attach copies of supporting documents, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, court judgments, or evidence of security interests. If the documents are not available, explain. If the documents are voluminous, attach a summary.			
8. TIME-STAMPED COPY: To receive an acknowledgement of the filing of your claim, enclose a stamped, self-addressed envelope and copy of this proof of claim.			
Date 10-26-99	Sign and print the name and title, if any, of the creditor or other person authorized to file this claim (attach copy of power of attorney, if any) Patrick O. Hughes, Manager Patrick O. Hughes (208) 733-2128		

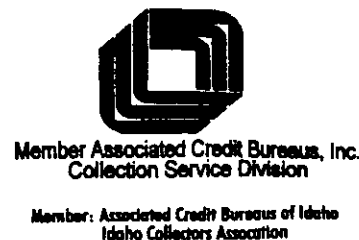
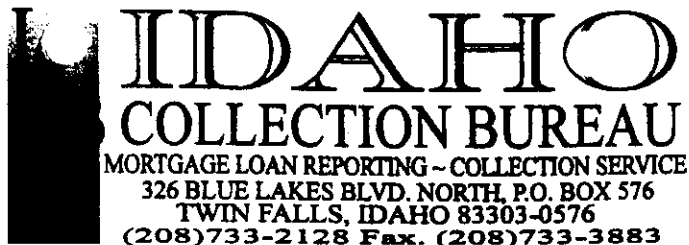


October 26, 1999

LIST OF ACCOUNTS INCLUDED IN PROOF OF CLAIM FOR BANKRUPTCY CASE #99-41638

RE: CLINTON PATRICK HINTON
519-96-2753
HOLLY KAY HINTON
AKA HOLLY WILLIAMS
AKA HOLLY DUDLEY
518-98-2424

<u>NAME</u>	<u>AMOUNT</u>	<u>BALANCE</u>
CREDIT BUREAU OF TWIN FALLS, INC. DBA IDAHO COLLECTION BUREAU SOUTHERN IDAHO MEDICAL GROUP DR MICIAK	\$ 501.15	<u>\$ 501.15</u>
	TOTAL	\$ 501.15



SO ID MED GRP-MICIAK
570 SHOUP AVE W
TWIN FALLS ID 83301

6

ASSIGNMENT

DEBTOR	HOLLY HINTON
FOR	SO ID MED GRP-MICIAK
YOUR ACC. NUMBER	1815
DATE OF REFERRAL	04/08/99
DATE OF SERVICE	10/27/97
DEBTOR NUMBER	55484- 137109

FOR VALUABLE CONSIDERATION THE UNDERSIGNED HEREBY SELL, ASSIGN AND TRANSFER UNTO IDAHO COLLECTION BUREAU, THAT CERTAIN CLAIM OF SO ID MED GRP-MICIAK AGAINST HOLLY HINTON AMOUNTING TO:\$ 501.15, PLUS INTEREST FROM DATE OF SERVICE.

FOR GOODS, MERCHANDISE AND / OR SERVICES RENDERED AND DO HEREBY AUTHORIZE SAID ASSIGNEE TO BRING ACTION IN ITS OWN NAME AND DO ANY AND ALL THINGS NECESSARY TO ENFORCE COLLECTION OR EFFECT COMPROMISE SETTLEMENT, IF NECESSARY.

ASSIGNOR HEREBY REPRESENTS AND WARRANTS THAT SAID CLAIM IS JUSTLY DUE AND OWING FROM SAID DEBTOR, AND THERE ARE NO CREDITS OR OFFSETS THERETO, AND AGREES TO FURNISH COMPETENT TESTIMONY AND EVIDENCE TO PROVE SAID CLAIM OR ANY PART THEREOF, WHEN REQUESTED BY SAID ASSIGNEE.

SO ID MED GRP-MICIAK

Carthia D. Dillitt

BY

PLEASE RUSH BANKRUPTCY CLAIM PENDING

OFFICE OF:

Ronald F. Miciak, M.D.
570 Shoup Avenue West
Twin Falls, ID 83301
(208) 733-6022

PROVIDER INFORMATION:

Miciak M.D., Ronald F.
Federal Tax ID#: 84-1382973
State License #: M4130

STATEMENT FOR:

HOLLY HINTON
1006 4TH AVE DRIVE
JEROME, ID 83338

Date: 03/03/1999
Acct. No.: 1815.00

SS # 518-98-2424

324-4827 DOB 12/8/45

Diagnosis: 482.40
414.00

Date	Name	Proc. Code	Description	ICD-9 Code	Charges
10/17/1997	HOLLY	99232	HOSP. CARE/ EX. PRO. FOC.	303.9	85.00
10/18/1997	HOLLY	90801	PSYCH EVALUATION	303.9	160.00
10/19/1997	HOLLY	99231	HOSP. CARE/PROB. FOC.	303.9	59.00
10/20/1997	HOLLY	99231	HOSP. CARE/PROB. FOC.	303.9	59.00
10/21/1997	HOLLY	99232	HOSP. CARE/ EX. PRO. FOC.	303.9	85.00
10/22/1997	HOLLY	99231	HOSP. CARE/PROB. FOC.	303.9	59.00
10/27/1997	HOLLY	99231	HOSP. CARE/PROB. FOC.	303.9	59.00
12/29/1997	HOLLY	ROA	Payment by Check, Thank You		-25.00
01/22/1998	HOLLY	SC	Service Charge		8.12
02/19/1998	HOLLY	SC	Service Charge		8.12
02/24/1998	HOLLY	ROA	Payment by Check, Thank You		-25.00
03/24/1998	HOLLY	SC	Service Charge		7.74
04/21/1998	HOLLY	SC	Service Charge		7.74
05/19/1998	HOLLY	SC	Service Charge		7.74
05/29/1998	HOLLY	ROA	Payment by Check, Thank You		-25.00
06/22/1998	HOLLY	SC	Service Charge		7.37
07/21/1998	HOLLY	SC	Service Charge		7.37
08/21/1998	HOLLY	SC	Service Charge		7.61
09/10/1998	HOLLY	ROA	Payment by Check, Thank You		-50.00
09/21/1998	HOLLY	SC	Service Charge		6.86
10/21/1998	HOLLY	SC	Service Charge		7.09
11/20/1998	HOLLY	SC	Service Charge		7.21
12/21/1998	HOLLY	SC	Service Charge		7.21
01/25/1999	HOLLY	SC	Service Charge		7.43
02/22/1999	HOLLY	SC	Service Charge		7.54

Total Due: 546.15

less pytm 45.00
501.15